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FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

PRIVATE NURSING IN INDIA. THE LADY MINTO NURSING ASSOCIATION

THE want of trained nurses in some parts of India has long been keenly felt. Many are the tales of suffering told, and no one questions the statements made by medical men and others, that "many valuable lives have been lost, simply for the want of trained nurses."

Where trained nurses could be obtained, the expense of employing them was so great as to put them beyond the reach of any except those who had large incomes. It was felt that the time had come when something must be done to increase the number of fully trained nurses for private work in India, and make it possible for not only the wealthy, but also those whose incomes were limited, to obtain skilled nursing in time of sickness.

The late Lady Curzon, who took such a keen interest in questions dealing with the care of the sick, both European and Indian, felt that this was a matter which needed immediate attention. A committee was appointed to consider how this need could best be met, and for two years Lady Curzon acted as president and worked hard to obtain the information necessary and formulate a scheme which was submitted to the Secretary of State. This scheme was referred back, chiefly on financial grounds, and before anything further could be done Lady Curzon had left India.

There were already two small nursing associations working in Northern India, the "Punjab Nursing Association" in the Punjab, and "The Up Country Nursing Association" in the United Provinces. These had an influential committee in London which collected a certain amount of money, and selected and sent out the nurses, but they depended chiefly on the fees earned by the nurses, and subscriptions received in India. Both associations were greatly crippled for funds, and the number of nurses was therefore very limited.

The home committee, on hearing of the probability of a new association on a large scale, approached Lady Curzon's successor, the Countess

of Minto, concerning the future of their Indian branches, expressing a wish to join in any scheme which would secure skilled nursing for all classes of Europeans in India.

It was decided to found an association on entirely private lines, by making use of the existing organizations as a foundation. The home committee consented, and promised to become home committee of the new association. The next thing to be considered was finance. It was absolutely necessary to have a sound financial basis. It was decided to establish an endowment fund and a general appeal was made in England and in India, which met with a generous response in India, and fair support from England. The appeal was sent to Europeans only, but some generous Indian princes and gentlemen contributed.

The sum of one hundred and sixteen thousand, six hundred and sixty-seven dollars was invested for the endowment the first year, this endowment to be increased until the association became self-supporting.

The control of the association is vested in a central committee of fourteen with power to add to its number. The wife of the Viceroy is honorary president. Members include the Director-General of the Indian Medical Service, with one representative from the army and from each of the provinces where the association has a center. These members can attend by delegation. The surgeon to the Viceroy is honorary secretary, and the Chief Lady Superintendent controls all matters connected with the nurses. The central committee is responsible for salaries, nurses' passage from England and back when term of engagement is complete, uniform, expenses in illness, and railway expenses for nurses on ordinary or sick leave. The income of this committee is derived from the interest on invested funds, an annual grant in aid from the government in India, and the fees earned by the nurses.

Each province has its own sub-committee of seven. This committee exercises independent control over the nurses (except in appointment and dismissal, which lies with the central committee) and general affairs of the branch, subject to the guidance of the central committee in essentials. The incomes of the provincial branches are derived entirely from subscriptions of members of the association. This goes to pay the board of Lady Superintendent and nurses when in the home, wages of household servants, and the current expenses connected with the upkeep of a home. The government of each province maintains the house and furniture as government buildings.

A scheme enabling the rich and poor to benefit by a sliding scale of fees has been arranged. Any one with an income less than one hundred and sixty-seven dollars per month, by subscribing annually to the provin-

cial branch three dollars and thirty-two cents can obtain the services of a nurse for the small fee of sixty-four cents per day. Those whose incomes are over one hundred and sixty-seven dollars per month, by subscribing annually six dollars and sixty-four cents, pay for the same nurse a fee of one dollar and thirty-two cents per day. Special concessions have also been made under certain circumstances, and in special cases the provincial committee has power to modify the fees for the nurses or remit them altogether.

Subscribers becoming members of the association can vote at the annual meeting, and have the first claim on the services of the nurses. The fees are the same for all kinds of cases, but midwifery is only taken in especially urgent cases. Non-subscribers can have nurses if there are no calls from subscribers, but they must pay two dollars and sixty-four cents per day.

At the end of 1907, the association had opened ten homes in five provinces, with one Chief Lady Superintendent who visits the different homes and controls all matters connected with the nurses, three Provincial Lady Superintendents, who are responsible for the supervision of the staff under them, and thirty-nine nurses. Where the number of nurses in a centre does not exceed eight, there is no resident lady superintendent, and some local lady who takes an interest in the association is invited to act as honorary secretary for the branch. Nurses as a rule must have had their training in England, a three years' certificate is required, and a certain number must be certificated midwives. The pay is twenty-five dollars per month, with board, lodging and laundry, and thirty-three dollars and thirty-two cents annually for uniforms. After every three years of service an advance of three dollars and thirty-two cents per month is made, until a maximum of thirty-five dollars per month is reached.

Nurses engaged in England receive a free second cabin passage and one hundred dollars for outfit. The engagement is for five years. At the end of that time they have return passage to England. Nurses engaged in India engage for three years. All nurses wishing to re-engage for a second or third term must first take a post-graduate course of not less than three months and must produce a certificate of proficiency, the hospital to be chosen by the central committee. One month holiday annually on full pay is allowed. Provincial committees have power to grant short intervals of leave for rest on full pay from time to time. Leave on medical certificate on full pay may be granted for a period not exceeding six months.

Nurses engaged in England are selected by a special committee, of

whom Miss Sidney Browne, R. R. C., late Superintendent-in-Chief of Queen Alexandra's Army Nursing Service, is secretary. Nurses wishing to join the association, apply to her at 29 Mortimer Street, London, W. Nurses engaged in India are selected by the Chief Lady Superintendent.

J. W. THORPE,
Sansi, India.

A letter from Africa brings us the following:

BESKRA, ALGERIA.

WE visited the hospital last week. It was founded by Cardinal Lavigerie for the sole use of Arabs. The Cardinal seems to have done a lot of good work here during the first days of the French occupation. The hospital named after him is a low building, all but a small part one-story high, and has nice gardens about it. It has over one hundred beds and is in charge of Catholic Sisters. The Superior, who showed us through, seemed very kind and sympathetic, and bemoaned the fact that the natives suffered chiefly from diseases brought by Europeans. The hospital wards were airy and very clean, and all but a few patients were in the garden having their lunch. They squatted on the ground, as is their custom, and ate with a relish their bread and beans.

REBECCA SHATZ.

ITEMS

THE New Zealand Nurses have brought out a Nursing Journal, and we hope soon to receive a copy. Its name is in the native tongue of the Island—*Kai Tiaki*, which means the Guardian or Watcher.

THE English nurses, whose registration bill is again before the House of Commons (though hardly likely to pass until it is made a government measure) have again been treacherously attacked from the rear by their enemies, the mediæval-minded gentlemen who are determined to control the nurses' living conditions. These men have introduced into the House of Lords a bill which the *British Journal* rightly calls a "Subjection of Nurses Bill," to provide for an Official Directory of Nurses. It was drawn up in secret, no nurse was consulted; it was railroaded into the House of Lords, and its purpose is to exclude nurses from any share in the control of their own profession. Why does not Mr. Sidney Holland, who appears to be a kindly and well-meaning person, cease this unmanly and paltry guerilla warfare against women to whom the Empire of Great Britain owes such an enormous debt? Where is the vaunted "fair play" of the noble Anglo-Saxon? This refusal to admit that nurses have a right to sit on the examining boards of their own body is a survival of the slave-holding spirit, and inspires contempt and indignation.

The British Journal of Nursing gives the following news from India:

At the recent distribution of prizes to the Nurses of the Albert Edward Hospital of Kolhapur, an interesting report was presented by Dr. Krishnabai Kelakvar. A class of nurses was first founded by Dr. George Sinclair soon after the foundation of the hospital sixteen years ago, and had to be recruited from amongst women who could scarcely read in the vernacular. But with careful teaching these nurses were able to do good work. Two were commissioned for personal attendance upon the Ranee, and the others were drafted on to the hospital staff where for twelve years they have given great satisfaction to the State and hospital authorities. They have rendered great assistance in the surrounding districts in difficult labor cases, their services being constantly requisitioned over an area of from ten to thirty miles to relieve women in delayed labor. Now middle class families have begun to avail themselves of their services in ordinary labor cases. Slowly tradition is yielding before them and they are effecting amongst the conservative high-class women, by their practical work, what it has been impossible to accomplish by oral teaching.

In April, 1905, owing to the rapidly increasing demand for nurses another class was opened, and the Maharajah showed his sympathy with the project by sanctioning scholarships to meet the necessary expenditure. This time it was possible to secure a better educated type of nurse, and the work of well mannered nurses did much to popularize western treatment in the eyes of the public. After a two years' course, ten out of the twelve pupils passed the final examination, and were at the recent prize giving awarded certificates entitling them to practice as nurses and midwives. Of these ten three are Brahmin widows, one is a Mohammedan, one a Rajput, one a Koli, three Marathas, and one a Jain. This Jain nurse is probably the first in her caste in the whole Bombay Presidency to take up the profession, and Dr. Kelakvar says, "it is interesting to note that in spite of being a mother of three children she has stood first in this class." We congratulate Dr. Kelakvar on the result of her efforts, and heartily wish success to our Indian sisters in the work upon which they are entering

